

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026130

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 837

STATE FILE NUMBER

FILED JUL 23 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Everest	
Length of stay in 1b 10 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS (If outside, give location) Everest	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle A. Last LORMER		4. DATE OF DEATH Month June Day 19 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1891--71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Riley County, Kansas U.S.A.	
13a. FATHER'S NAME Thomas Edward Lormer		13b. MOTHER'S MAIDEN NAME Susan E. Flagg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Jennie Brun Address Muscotah, Kansas	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Psoas Abscess Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephro Lithasis Left DUE TO (c) Benign Prostatic Hyperplasia		INTERVAL BETWEEN ONSET AND DEATH 6 Hours 4 Weeks 2 Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic Hyperplasia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:30 a.m. AM Month, Day, Year 9 June 62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 19 June 62	20f. CITY, TOWN, OR LOCATION 18 June 62		
21. I attended the deceased from 6:30 AM to 19 June 62 and last saw her alive on 18 June 62		22. DATE SIGNED 6-20-62	
22a. SIGNATURE J. N. Martin, M.D.		22b. ADDRESS 706 Francis St-St. Joseph, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-22-1962	23c. NAME OF CEMETERY OR CREMATORY Muscotah Cemetery	23d. LOCATION (City, town, or county) (State) Muscotah Kansas
24. FUNERAL DIRECTOR Stanton Mortuary Atchison, Kansas		25. DATE RECD. BY LOCAL REG. July 20, 1962	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF J. N. Martin, M.D., CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/591 5117
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm. Stanton Jr.

Licensed Embalmer No.

3778

P. O. Address

Atchison Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.